

Kansas Highway Patrol

PARTNERS Program

Order Receipt Confirmation

FROM:

PARTNERS PO:
(KHP ONLY)

DATE:

Department Requisition #
(KHP ONLY)

- **As per our Memorandum of Agreement, this form is to be completed within three days of product delivery and faxed to: Kurt Hafner at 785-368-8069.**
- This form is the proof of merchandise delivery and acceptance. The PARTNERS Program will **NOT** release funds of your agency to vendor(s) until we receive this Order Receipt Confirmation for the merchandise.
- Thank you for your order and we look forward to serving your agency in the future. Please contact Kurt Hafner directly at 785-296-5954 with any questions.

Item Catalog # (When Available)	Item Description	Qty	Unit	Received Date

I Certify that the above item(s) has/have been received in satisfactory and acceptable condition and hereby authorize the PARTNERS Program Director to disburse funds for payment to the supplying vendor.



Acceptance Date: _____

Point of Contact Printed Name: _____

Point of Contact Signature: _____